

3 ENROLLED MEDICAL SERVICE PROVIDERS

A. General Description

The Montana Breast and Cervical Health Program (MBCHP) was created through a cooperative agreement between the Montana Department of Public Health and Human Services (MDPHHS) and the Centers for Disease Control and Prevention (CDC). The mandate of the agreement is to support a statewide comprehensive breast and cervical cancer screening and early detection program. The target population of the MBCHP includes women who are 50 through 64 years of age for breast cancer screening and 35 through 64 for cervical cancer screening, who are uninsured or underinsured, and have a family gross income at or below 200 percent of the current Federal Poverty Level scale (see Appendix D).

An enrolled medical service provider's role is to provide direct clinical screening services to MBCHP clients and to complete the MBCHP data collection forms.¹ The basic components of breast and cervical cancer screening include:

- clinical breast exam
- education on performing a breast self-exam
- bimanual pelvic examination
- Pap test
- referral for mammography
- referral for diagnostic procedures in the case of an abnormal cervical or breast test result
- notification of all test results to the client
- referral to the MBCHP for case management if necessary
- referral to the Montana Breast and Cervical Cancer Treatment Program (MBCCTP) if necessary

For more information on client services, see Chapter 4.

B. Medical Service Provider Enrollment

1. Eligibility

The types of medical service providers eligible for enrollment are:

- any licensed qualified health department
- community health centers
- non-profit health centers
- other health care facilities and clinics
- individual providers
- laboratories
- radiology facilities

¹ See Appendix B for a definition of data collection forms.

- naturopathic physicians

To be eligible for enrollment, medical service providers must meet all the following criteria:

- be licensed in the state of Montana
- have the required insurance
- meet the certification requirements of the Health Care Financing Administration Clinical Laboratory Improvement Act of 1988 (HCFA CLIA [1988]) and the Food and Drug Administration's Mammography Quality Standards Act of 1992 (FDA's MQSA [1992]), if applicable to the services provided

2. Enrollment

Representatives of the MBCHP administrative sites will act as a liaison between the MBCHP and the enrolled medical service providers in each multi-county area. All enrolled medical service providers may use this local contact to address client and program issues.

To enroll in the MBCHP, contact:

- the administrative site in the appropriate geographic area
- the MBCHP state office
- Montana Medical Billing in Helena (Provider Assistance at 1-888-227-7065)

During enrollment, each enrolled medical service provider will be required to:

- complete and sign a Provider Enrollment Application (see Appendix J).
- submit the necessary certificates and forms with the enrollment packet:
 - Certificate of Assurances: Non-Construction Programs (standard form 424BCRev 7-97)
 - MDPHHS Certificate of Compliance
 - Disclosure of Lobbying Activities (if applicable)
 - W-9
- attend an orientation session provided through an MBCHP administrative site.

C. Scope of Services: Service Requirements

1. General Description

The services for which enrolled medical service providers will be reimbursed include an office visit for the purpose of:

- client education
- obtaining a health history
- determining appropriate referral services
- performing a risk assessment
- performing a clinical breast exam
- performing a bimanual pelvic exam
- obtaining a specimen for cervical cancer diagnosis

Enrolled medical service providers include those who provide consulting services for diagnostic procedures. MBCHP defines a consultation as a service provided by a physician whose opinion or advice regarding evaluation and/or management of a specific problem is requested by another enrolled medical service provider.

All enrolled medical service providers will refer to the American Medical Association current procedural terminology (CPT) manual, which further defines each service code and the level of responsibility and appropriateness for breast and cervical cancer screening and detection.

Medical service providers must be enrolled with the MBCHP to provide screening services and receive reimbursement from the MBCHP.

2. All Enrolled Medical Service Providers

All enrolled medical service providers agree to:

- a. obtain consent from MBCHP clients prior to releasing screening results to the MBCHP; the consent must meet the requirements of Section 50-16-526, Montana Code Annotated.
- b. follow the algorithms, guidelines, and conditions outlined in the MBCHP Policy and Procedure Manual, Appendix F.
- c. attend at least one program orientation provided by the MBCHP regarding the breast and cervical cancer screening program before providing screening services.
 - Orientation programs will be provided at the enrolled medical service provider's office whenever possible in order to facilitate participation by the enrolled medical service provider and their staff.
- d. ensure that all members of their staff who provide MBCHP services have current knowledge of the latest breast and cervical cancer screening techniques and recommendations.
- e. ensure that all delegated services or tasks associated with the performance of their agreement with the MBCHP are in accordance with the guidelines outlined in the MBCHP Policy and Procedure Manual.
- f. provide the MBCHP, upon request, information needed to correct, complete, or clarify the MBCHP data collection forms, reports, or claims.
- g. provide referral to the MBCCTP if necessary.

3. All Primary Health Care Providers

All primary health care providers must provide the services in Part C-2 above and in addition must:

- a. provide an office visit annually or as indicated, including a brief medical history, bimanual pelvic exam, Pap smear (if indicated), clinical breast exam, and client education regarding a monthly breast self-exam and the importance of regular breast and cervical cancer screening, in accordance with the MBCHP Policy and Procedure Manual.
- b. provide referral for a screening mammogram based on guidelines described in the MBCHP Policy and Procedure Manual.
- c. notify the client of both normal and abnormal screening results within 10 working days after receiving screening results.
- d. work with the MBCHP administrative site to ensure that all screening participants are notified of the need for rescreening (i.e., mammograms, Pap smears, and clinical breast exams) in a timely manner.
- e. notify the administrative site within 10 working days after receiving screening results for an MBCHP client by forwarding the MBCHP data collection forms.
- f. ensure that the following diagnostic services are provided to MBCHP clients, if indicated by abnormal screening test results:
 - repeat office visit(s), repeat Pap smear, colposcopy directed biopsy, or referral for these services
 - repeat clinical breast exam, referral for diagnostic mammogram, ultrasound, fine needle aspiration, or other diagnostic procedures reimbursed by the MBCHP
- g. assist the MBCHP administrative site to identify and access resources available for additional diagnosis, follow-up, and treatment and make referrals to the MBCCTP for MBCHP clients whose clinical findings indicate treatment is needed.
- h. report all clinical screening test results to the administrative site on the MBCHP data collection forms.
 - The forms must be received within the timelines set by the administrative site.
 - The forms must be complete, accurate, and signed by the enrolled medical service provider.
- i. ensure that all cytology and/or tissue specimens will be submitted to laboratories that are certified and in compliance with the HCFA's CLIA (1988), and ensure that laboratories report all Pap test results using the current Bethesda System for cervical cancer screening. (In order to determine if a laboratory is CLIA-certified, contact the MDPHHS's Certification Bureau at 406-444-1451.)

- j. ensure that all referrals for mammography will be made only to radiology facilities that are fully accredited under the FDA's MQSA (1992).
 - The enrolled medical service provider must ensure that all mammography results are reported using the second edition of the American College of Radiology (ACR) Breast Imaging and Reporting Data System (BI-RADS), 2nd edition.

4. Radiology Providers

All radiology facility providers must provide the services in Part C-2 above and in addition must:

- a. provide the result(s) to the primary care provider or referring medical specialist using the ACR BI-RADS within 10 working days after interpreting and/or receiving the result(s) of the procedures provided for MBCHP clients.
- b. provide documentation that the facility is currently certified as meeting the provisions of the FDA's MQSA (1992) upon enrollment.

5. Laboratory Service Providers

All laboratory service providers must provide the services in Part C-2 above and in addition must:

- a. interpret cytology and/or tissue specimens from MBCHP clients that are submitted by MBCHP enrolled medical service providers.
- b. provide the result(s) using the Bethesda System to the enrolled medical service provider, along with recommendations for further follow-up and/or treatment, within 10 working days.
- c. provide documentation that the laboratory is in compliance with the HCFA's CLIA (1988) upon enrollment.

6. Consulting Specialists

MBCHP defines a consultation as a service provided by a physician whose opinion or advice regarding evaluation and/or management of a specific problem is requested by another enrolled medical service provider. All consulting specialists must provide the services in Part C-2 and Part C-3 (with the exception of C-3.b) above and in addition must:

- a. notify the client's primary care provider of test result(s), along with recommendations for further follow-up and/or treatment, within 10 working days after interpreting and/or receiving the results.
- b. notify the MBCHP administrative site of the above result(s) on the MBCHP data collection forms for abnormal breast and/or cervical screening results, or notify the client's primary health care provider of the result(s). The primary health care provider will then record the result(s) on the MBCHP data collection forms.

7. Anesthesiology Specialists

All anesthesiology specialists must provide the MBCHP, upon request, information needed to correct, complete, or clarify the MBCHP claims.

8. Surgical Facilities

All surgical facilities must provide the services in Part C-2 above.

D. Data Collection Forms

For instructions on how to complete MBCHP data collection forms, see Appendix Q.

E. Record Maintenance and Retention

1. Record Maintenance

Enrolled medical service providers must establish a medical file² for every MBCHP client. Each file must:

- a. include a signed and dated “Informed Consent and Authorization to Disclose Health Care Information” (see Appendix Q) and must be maintained in accordance with accepted medical standards.
- b. contain medical entries that are each signed and dated by the clinician making the entry and that include the clinician’s title.
- c. contain documentation of all telephone conversations of a medical nature.
- d. be comprehensive, concise, and systematically organized to facilitate retrieval and compilation of information.
- e. be treated as confidential, secured by lock when not in use, and in all respects safeguarded against loss or use by unauthorized persons.
- f. be made available to an MBCHP client upon written request by the client and within 24 to 48 hours of receiving the request.
- g. be shared freely with the medical service provider who accepts a referral for additional diagnostic tests.
- h. be made available to MBCHP staff requesting the file for quality assurance monitoring.
- i. be in compliance with the Health Insurance Portability and Accountability Act (HIPAA) regulations, if applicable.

² The term “medical file” refers to records kept in the enrolled medical service provider’s office. “Client record” refers to the MBCHP data collection forms and supporting documentation.

2. Record Retention

To comply with MBCHP record retention and audit requirements, all enrolled medical service providers must:

- a. retain all records, documents, and correspondence relative to an MBCHP client for a period of not less than 5 years from the date of the last entry made in the client's medical file.
- b. retain all financial records, supporting documents, statistical records, and other pertinent records for a period of 3 years, or until an audit has been completed and questions resolved, whichever is later.
- c. participate in reviews and audits of the records and documents related to MBCHP clients, which may be conducted at any reasonable time by state personnel or other persons duly authorized by the MDPHHS. The reviews may include:
 - meetings with consumers
 - review of medical records
 - review of policies and procedures
 - meetings with any staff directly or indirectly involved in the provision of services

F. Claims and Reimbursement

1. General Requirements

In order to receive payment for providing comprehensive screening services to MBCHP clients, a medical service provider must:

- a. be enrolled as an MBCHP medical service provider.
- b. accept MBCHP reimbursement or a combination of other party payment and MBCHP funds as payment in full for the allowed services. The total reimbursement to an enrolled medical service provider will not exceed the allowable Medicare reimbursement rate.
- c. refrain from charging an MBCHP client for any breast and cervical screening services allowed through the MBCHP (See Appendix H).
- d. complete all MBCHP data collection forms and submit them to the administrative site (see Appendix Q).
- e. submit claims to Montana Medical Billing (see Appendix I).

The sequence of events for claims and reimbursement is as follows:

- Enrolled medical service providers send all claims to Montana Medical Billing (see Appendix I). All claims should be made on HCFA-1500 (12/90 version), or on UB-92 forms. Claims may be submitted electronically on HCFA-1500 forms only.

- Montana Medical Billing reviews all claims and designates reimbursement as either “pending,” “approved,” or “denied.” Reimbursement is issued to medical service providers upon receipt of valid claims made on behalf of eligible MBCHP women. Enrolled medical service providers receive an explanation of benefits for each claim.

2. MBCHP as Payer of Last Resort

The MBCHP is the payer of last resort. The enrolled medical service provider must determine whether a client is covered for the breast and cervical cancer services provided completely or partially by any other sources. If the client is covered by other sources, providers must collect payment from these other sources before requesting reimbursement from the MBCHP.

Other sources of payment may include, but are not limited to:

- private insurance
- Medicare (see eligibility guidelines for Medicare Part B recipients.)
- Medicaid Title X Family Planning
- other private or public funded programs

Note: Through a Memorandum of Understanding with the Billings Area Indian Health Service (IHS) and with tribal health units, the MBCHP will reimburse enrolled medical service providers for procedures outlined in Appendix H.

G. Service Restrictions

For all questions concerning medical service provider enrollment and medical service claims and reimbursement, see Appendix A of this manual. In addition, please note the following service restrictions:

- a. MBCHP funds may be used to reimburse enrolled medical service providers for allowed procedures only (see Appendix H).
- b. Enrolled medical service providers may submit claims for usual and customary charges for each of the allowable CPT codes (see Appendix H). The MBCHP will only reimburse at the allowable rate.
- c. Any claim submitted for unallowable services will be denied.